

FILED

MAY 04 2017

[Signature]
CLERK

CHRIS ZACHARIAS #35038

Name and Prisoner/Booking Number

SDSP

Place of Confinement

PO BOX 5411 / 1600 N. Drive

Mailing Address

Sioux Falls, SD 57117

City, State, Zip Code

UNITED STATES DISTRICT COURT

DISTRICT OF SOUTH DAKOTA

~~Southern~~ DIVISION
Southern

CHRIS ZACHARIAS

(Full Name of Plaintiff)

Case No. 17-cv-4065

(To be supplied by the Clerk)

Plaintiff,

vs.
South Dakota State
PRISON (SDSP)

CIVIL RIGHTS COMPLAINT
BY A PRISONER

☐ Original Complaint

☒ First Amended Complaint

☐ Second Amended Complaint

(Full Name of Each Defendant)

Defendants.

South Dakota State Prison (SDSP)

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

a. ☒ 28 U.S.C. § 1343(a)(3); 42 U.S.C. § 1983

b. ☐ 28 U.S.C. § 1331; *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971).

c. ☐ Other: (Please specify.) _____

2. Name of Plaintiff: CHRIS ZACHARIAS

Present mailing address: PO BOX 5411 / 1600 N. Drive Sioux Falls, SD

(Failure to notify the Court of any change of address may result in dismissal of this action.)

57117

Institution/city where violation occurred: Sioux Falls, SD 57117

BOB DOOLEY

3. Name of first Defendant: WARDEN at SDSP. The first Defendant is employed as:
 (Position and Title) (Institution)

This Defendant is sued in his/her: ☒ individual capacity ☐ official capacity (check one or both)

Explain how this Defendant was acting under color of law: HE WAS BEING UNFAIR TO ME AND HE WAS BE DISRESPECTFUL TO ME.

4. Name of second Defendant: ROBERT VOIDSETH JR. at (SDSP). The second Defendant is employed as:
 (Position and Title) (Institution)

This Defendant is sued in his/her: ☒ individual capacity ☐ official capacity (check one or both)

Explain how this Defendant was acting under color of law: HE IS THREATENING ME.

5. Name of third Defendant: STEPHANIE HAMILTON at (MDSP). The third Defendant is employed as:
 (Position and Title) (Institution)

This Defendant is sued in his/her: ☒ individual capacity ☐ official capacity (check one or both)

Explain how this Defendant was acting under color of law: SHE WOULD NOT GIVE ME MEDICAL TREATMENT AND SHE SAID I WAS FAKING MY ILLNESS BUT I WAS NOT FAKING MY ILLNESS.

6. Name of fourth Defendant: _____ at _____. The fourth Defendant is employed as:
 (Position and Title) (Institution)

This Defendant is sued in his/her: ☐ individual capacity ☐ official capacity (check one or both)

Explain how this Defendant was acting under color of law: _____

(If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.)

B. PREVIOUS LAWSUITS

- Have you filed any other lawsuits while you were a prisoner? ☒ Yes ☐ No
- If your answer is "yes," how many lawsuits have you filed? 1. Describe the previous lawsuits in the spaces provided below.
- First prior lawsuit:
 - Parties to previous lawsuit:
Plaintiff: CHRIS ZACHARIAS

Defendants: South Dakota State Prison
(SDSP)

b. Court: (If federal court, identify the district; if state court, identify the county.) Southern
DIVISION

c. Case or docket number: _____

d. Claims raised: 10.5 million for wrong for
being in prison for 10 years
for a crime that was never proven
and the state is now trying to
take the money back

e. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?)
N/A

f. Approximate date lawsuit was filed: 3-21-2017

g. Approximate date of disposition: 3-21-2017

4. Second prior lawsuit:

a. Parties to previous lawsuit:

Plaintiff: _____

Defendants: _____

b. Court: (If federal court, identify the district; if state court, identify the county.) _____

c. Case or docket number: _____

d. Claims raised: _____

e. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) _____

f. Approximate date lawsuit was filed: _____

g. Approximate date of disposition: _____

5. Third prior lawsuit:

a. Parties to previous lawsuit:

Plaintiff: _____

Defendants: _____

b. Court: (If federal court, identify the district; if state court, identify the county.) _____

c. Case or docket number: _____

d. Claims raised: _____

e. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) _____

f. Approximate date lawsuit was filed: _____

g. Approximate date of disposition: _____

(If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.)

C. CAUSE OF ACTION

COUNT I

1. The following constitutional or other federal right has been violated by the Defendant(s): _____

1. The following constitutional or other federal right has been violated by the BOP Dooley (warden) of (SDSP)

2. Count I involves: (Check **only one**; if your claim involves more than one issue, each issued should be stated in a different count) ☒ Medical care ☐ Access to the court ☐ Mail

☒ Medical care

☐ Access to the court ☐ Mail

☒ Disciplinary proceedings

- Retaliation

☒ Exercise of religion ☒ Property

☒ Excessive force by an officer ☒ Threat to safety

☒ Other: Harassment

3. **Supporting Facts:** (State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).

They Are ~~not~~ Letting me talk to A
White ~~Shir~~ Shirt When I ASK them
nicely to call one And they said they
~~a n d e n~~ Didn't Have to.

Robert H. Anderson Jr. He has been
in the Red Cross for some time
and is coming to the school and team.

4. **Injury:** (State how you have been injured by the actions or inactions of the Defendant(s)).

mental reasons.

- ## 5. Administrative Remedies:

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No

☒ Yes ☐ No

- b. Did you submit a request for administrative relief on Count I?

☐ Yes ☒ No

- c. Did you appeal your request for relief on Count I to the highest level?

☒ Yes ☐ No

- d. If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not. I did in Springfield (MDSP)

I did in Springfield (M.D.S.P)

COUNT II

1. The following constitutional or other federal right has been violated by the Defendant(s):
Robert Voldseth JR (Inmate #AT
(B DSP)

2. Count II involves: (Check **only one**, if your claim involves more than one issue, each issued should be stated in a different count)
- | | | |
|--|--|--|
| <input type="checkbox"/> Medical care | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Exercise of religion |
| <input type="checkbox"/> Excessive force by an officer | <input checked="" type="checkbox"/> Threat to safety | <input checked="" type="checkbox"/> Other: <u>Harassment</u> |

3. **Supporting Facts:** (State as briefly as possible the FACTS supporting Count II. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).

He is saying I am the reason
that he came to prison.

4. **Injury:** (State how you have been injured by the actions or inactions of the Defendant(s)).

Harassment.

5. **Administrative Remedies:**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☒ No
- b. Did you submit a request for administrative relief on Count II? ☐ Yes ☒ No
- c. Did you appeal your request for relief on Count II to the highest level? ☐ Yes ☒ No
- d. If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not. they didn't do

anything

COUNT III

1. The following constitutional or other federal right has been violated by the Defendant(s):
Stephanie Hamilton A Nurse At the Mike Duffee State Prison

2. Count III involves: (Check **only one**; if your claim involves more than one issue, each issued should be stated in a different count)
- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Medical care | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Exercise of religion |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ |

3. **Supporting Facts:** (State as briefly as possible the FACTS supporting Count III. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).

Stephanie Hamilton A Nurse At (MDS P)
She would not Give me Medical treatment
She said I was faking my illness But I was not.

4. **Injury:** (State how you have been injured by the actions or inactions of the Defendant(s)).

She said I was making my illness
up But I was not. I want Her job taken
Away From Her so she can't work As A Nurse
Again!

5. **Administrative Remedies:**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- b. Did you submit a request for administrative relief on Count III? ☐ Yes ☒ No
- c. Did you appeal your request for relief on Count III to the highest level? ☐ Yes ☒ No

- d. If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not. I Ask for one But they would
not Give me one when I ask for one!

(If you assert more than three Counts, answer the questions listed above for each additional Count on a separate page.)

D. REQUEST FOR RELIEF

State briefly what you want the Court to do for you.

Mental Reactions And For Wrongful
Doing.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 3-21-2017
DATE

Chris Zacharia
SIGNATURE OF PLAINTIFF

ADAM ALTMAN

(Name and title or paralegal, legal assistant, or
other person who helped prepare this complaint)

(Signature of attorney, if any)

404 S. LINCOLN ST, L2
Aberdeen, SD 57461
(605) 725-4475

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If needed, you may attach additional pages. The form, however, must be completely filled in to the extent applicable.